

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF RISING SUN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LANE RISING SUN, IN47040			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00091786.</p> <p>Complaint IN00091786 - Unsubstantiated did not occur.</p> <p>Unrelated Deficiency Cited.</p> <p>Survey Dates: July 5, 6, and 7, 2011</p> <p>Facility number: 000405 Provider number: 155483 AIM number: 100273800</p> <p>Survey team: Janie Faulkner, RN-TC</p> <p>Census bed type: SNF/NF 54 Total 54</p> <p>Census payor type: Medicare 8 Medicaid 35 Other 11 Total 54</p> <p>Sample: 5</p> <p>This deficiency also reflects State Findings in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0514 SS=D	<p>Quality review completed on July 11, 2011 by Bev Faulkner, RN</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure complete and accurate documentation of the destruction or disposal of discontinued medications. This affected 3 of 4 closed resident records in a sample of 5 residents reviewed for complete and accurate documentation. (Resident B, C, & D)</p> <p>Findings included :</p> <p>1. Review of Resident C's closed record on 7/5/11 at 5:00 p.m., indicated she was admitted to the facility on 3/2/2011 for palliative care and failure to thrive. An MDS[Minimum Data Set] with ARD [assessment reference date] of 3/7/2011 indicated the resident was discharged on</p>			F0514	<p>The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulation and to continue to provide quality care.F514 CLINICAL RECORDS:This facility will maintain complete and accurate documentation of the destruction or disposal of all discontinued medications.1. ACTIONS TAKEN:A. In regards to Resident B, she was deceased on 4-18-11.B. In regards to Resident D, resident was deceased on 2-13-11.C. In regards to resident C, resident was deceased 3-7-11.2. OTHER RESIDENTS IDENTIFIED:A. 100% audit of all residents current drug disposition forms to audit for accurate</p>		07/23/2011

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	<p>3/7/2011 with status deceased. The "PRN Pharmaceutical, LP Controlled Substances Record" indicated a nurse received 30 Temazepam 15 mg capsules on 3/4/11 for Resident C. This same record included the statement, "Destroyed/[nurse's name]. Res[resident] passed away." The record was signed by another RN. There was no date, time, amount, or method of destruction listed.</p> <p>During an interview with the Director of Nursing on 7/5/2011 at 5:30 p.m., regarding their policy and procedure for discontinued medication destruction or disposal, she indicated that discontinued medications are to be written on a drug disposition record with the amount destroyed, method of destruction, and signed and dated by a nurse or two nurses with one of them being an RN, if destroying controlled substances.</p> <p>2. Resident B's closed record was reviewed on 7/6/2011 at 3:20 p.m. She was admitted to the facility with diagnoses including, but not limited to dementia with behavior disturbance. A telephone order received by an RN on 4/18/11 at 12:45 a.m., indicated "release body to the funeral home." An MDS with ARD of 4/18/11 indicated a discharge date of 4/18/11 with status deceased.</p>				<p>complete information. Any identified will be completed accurately.3. SYSTEMS IN PLACE:A. In- Service all Nursing staff on appropriate destruction and documentation of discontinued medications, including: prescription number, date of destruction, reason for destruction, mode of destruction, number of pills, tablets, liquid, etc. that are destroyed or returned to the pharmacy, and nursing signature requirements (two signatures, one must be an RN).4. HOW FACILITY WILL MONITOR:A. Medical Records/Designee will audit all closed records for completion and accuracy of drug disposition forms.B. Charge Nurse, when closing out a medical record after a death/discharge, will audit all medications for appropriate disposal, whether returning to pharmacy or destroying the medications, and document appropriately on the drug disposition record.C. D.O.N./Designee will audit all new orders daily for any discontinued medications to ensure appropriate destruction and documentation is complete.D. All audits will be reviewed in the daily QA stand-up meeting; monthly in the QA meeting; and quarterly in QA meeting with the Medical Director. This will remain an on-going audit.5. THIS PLAN OF CORRECTION CONSTITUTES</p>		

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	<p>The "PRN Pharmaceutical, LP Controlled Substances Record" indicated, Oxycodone 5 mg/5 ml-500 ml was received 4/14/11 and was signed by a nurse. This same record included, "500 ml destroyed. Resident deceased." There was no date, time, or method of destruction documented. The record was signed by one nurse.</p> <p>"PRN Pharmaceutical, LP Controlled Substance Record" indicated, Cheratussin AC Syrup 240 ml was received by an RN on 3/9/11. 0.5 ml was given on 3/10, 3/11 at 9 A, 3/11 at 6 P, and 3/12/11. Each time the medication was given by a different nurse. This same record indicated, "Destroyed. RES [resident] deceased." This was signed by one nurse. There was no date, time, or amount destroyed included.</p> <p>A Drug Disposition Form with no date, no time, and no resident name indicated, "Rx#400247768 Klor- con 20 meq [milliequivalent] 60 returned to pharmacy due to resident deceased." This was signed by one RN.</p> <p>The "PRN Pharmaceutical, LP END Controlled Substance Record" indicated 30 Tramadol HCL 50 mg [milligram] tablets were received on 3/16/11 by an RN. The resident received 1 on 3/18,</p>				OUR CREDIBLE ALLEGATION OF COMPLIANCE WITH ALL REGULATORY REQUIREMENTS. OUR DATE OF COMPLIANCE IS: 7-23-11		

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	<p>3/19, and 4/2/11, each by a different nurse or QMA [qualified medication aide]. This same record included, "Destroyed. Res deceased" with a nurse's signature included. There was no date, time, amount, or method of destruction listed.</p> <p>3. Resident D's closed record was reviewed on 7/6/2011 at 10:00 a.m. She was admitted to the facility on 1/7/09 with diagnoses including, but not limited to chronic kidney disease Stage IV, hypertension, and chronic obstructive pulmonary disease. An MDS with ARD of 2/13/2011 indicated the resident was discharged 2/13/2011 with status deceased.</p> <p>A Drug Disposition Form, dated 12/21/10, indicated 46 Aggrenox, 33 Klor-con, 34 Lisinopril, 10 phenergan, 31 periacin, 24 cardizem, 30 loperamide, 30 phenergan, 34 lexapro, 57 Tylenol Extra-strength, 3 furosemide, and 30 furosemide were discontinued and returned to the pharmacy. There was no time indicated and one RN signature.</p> <p>A Drug Disposition Form with no date or time indicated 24 Clonidine HCL 0.1 mg and 19 Albuterol 0.083% were returned to the pharmacy due to the resident was deceased with one RN signature.</p>						

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	<p>On 7/6/2011 at 9:20 a.m., the Director of Nursing provided a copy of "Omnicare, Inc LTC Facility's Pharmacy Services and Procedures Manual, Policy # Title: 8.2 Disposal/Destruction of Expired or Discontinued Medication with effective date 12/01/07 and last revision on 5/01/10.</p> <p>The procedure included: 1. Facility staff should destroy or dispose of medications.... 5. Facility should destroy non-controlled medications in the presence of a registered nurse and witnessed by one other staff member.... 6. Facility should enter the following information on the drug destruction form when medications are destroyed: 6.1 Resident's name, 6.2 Name and strength of medication, 6.3 Prescription number, 6.4 Amount of medication (dosage units) destroyed, 6.5 Date of destruction, 6.6 Signature of witnesses, and 6.7 Method of disposition...." The Director indicated this is their current policy and procedure and she has started inservicing all the nurses on this procedure.</p> <p>3.1-50(a)(2)</p>						

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